

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25399

State File No. _____

FILED AUG 1 - 1956

BIRTH NO. _____		REG. DIST. NO. <u>312</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1679</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>12 HRS</u>		c. CITY OR TOWN <u>CREVE COEUR</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CO.</u>				e. STREET ADDRESS (If rural, give location) <u>FEE FEE RD</u>			
3. NAME OF DECEASED (Type or Print) <u>Claire</u>		a. (First)		b. (Middle) <u>Norris</u>		c. (Last)	
4. DATE OF DEATH		(Month) <u>7</u>		(Day) <u>10</u>		(Year) <u>56</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>APR 18, 1889</u>	
9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 4 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MUSICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF EMP.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BITZVILLE, WASH.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WM. F. DE SPAIN</u>		13b. MOTHER'S MAIDEN NAME <u>TITTLE</u>		14. NAME OF HUSBAND OR WIFE <u>Albert W. Norris</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>482-10-6656</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Leola Helen Ballwin</u> ADDRESS <u>No</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4914			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-9</u> , 19 <u>56</u> to <u>7-10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7-10</u> , 19 <u>56</u> , and that death occurred at <u>6:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph G. Ernst M.D.</u> (Degree or title)				23b. ADDRESS <u>601 So. Brentwood</u>		23c. DATE SIGNED <u>7-10-56</u>	
24a. BURIAL (REMOVAL) <u>Burial</u> (Specify)		24b. DATE <u>7-11-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHN</u>		24d. LOCATION (City, town, or county) (State) <u>MANCHESTER MO.</u>	
DATE REC'D BY LOCAL REG. <u>7-11-56</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Dombrowski</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schneider Funeral Home, Ballwin</u> ADDRESS <u>MU</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4589

P. O. Address Ballwin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.